



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) M4065.0338/P338-A																
	In re Application of Richard H. Lane																	
	Application Number 09/989,372-Conf. #1348		Filed November 21, 2001															
	For: ELECTROPOLISHED PATTERNED METAL LAYER FOR SEMICONDUCTOR DEVICES																	
	Art Unit 2814	Examiner T. T. Doan																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input type="checkbox"/></td><td style="width: 60%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 25%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ 950.00</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 28,377</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>March 5, 2004 Date</p><p>(202) 828-2232 Telephone Number</p></div><div style="width: 45%; text-align: center;"> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;"></div><div style="width: 45%; text-align: center;">Thomas J. D'Amico Typed or printed name</div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____																
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____																
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 950.00																
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____																
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____																
<div style="display: flex; align-items: center;"><input type="checkbox"/> Total of 1 forms are submitted.</div>																		

03/08/2004 CCHAU1 00000167 09989372

01 FC:1253 950.00 DP